MAY 27 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18158

7

1. PLACE OF DEATH
County _Schuyler_
Township _Liberty_
City _____ (No. _____)

Registration District No. _805_
Primary Registration District No. _6050_

File No. _69_
Registered No. _____

2. FULL NAME _Maurice Eidson Farrell_

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_
4. COLOR OR RACE _White_
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Single_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _June 6-1925_

7. AGE YEARS _10_ MONTHS _10_ DAYS _4_ IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _In School_
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Lancaster Mo._

FATHER
13. NAME _Roy Farrell_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Lancaster Mo._

MOTHER
15. MAIDEN NAME _Carrie Gosser_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Glenwood Mo._

17. INFORMANT (ADDRESS) _Mrs. Roy Farrell_
Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE _I.O.O.F. Cemetery_ DATE _Apr. 12_ 19_36_

19. UNDERTAKER (ADDRESS) _John A. Roberts_
Lancaster, Mo.

20. FILED _4/14_ 19_36_ _Byrdie W Drake_ Registrar.
Deputy

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _April 10_ 19_36_

22. I HEREBY CERTIFY, That I attended deceased from _Mar 31_ , 1936, to _April 10_ , 1936.
I last saw h____ alive on _April 10_ , 1936 Death is said to have occurred on the date stated above, at _8 P_ m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ , 19___
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _no_
If so, specify _____

(Signed) _Dr. RE Vaughn_ , M. D.
(Address) _Lancaster, Mo_

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Schuyler — Registration District No. 805 — File No. 18158

Township — Primary Registration District No. 6050 — Registered No. 69-

City — (No.) — St. — Ward

2. FULL NAME Maurice E. Farrell -

(a) Residence, No. — St., — Ward.
(Usual place of abode) — (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S-

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE
YEARS 10 — MONTHS 10 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE 19

19. UNDERTAKER
(ADDRESS)

20. FILED Sep 1 19 Byrdie V. Drake
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1936

22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho Pneumonia

No complications
Dr. R E Vaughn

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. E. Vaughn , M.D.
(Address) Lancaster, Mo.

S-18158